

# **Joint MPH Program University of Gondar and Addis Continental Institute of Public Health**

**Transcribed data on Inclusion of Persons with Disability in HIV/AIDS  
Prevention and Control Program of NGOs working in Addis Ababa**

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**Transcription of FGD findings on Inclusion of persons with disability in HIV/AIDS prevention and control program of NGOs working in Addis Ababa**

**Q1. Do you think that PwDs are at risk of getting HIV?**

Yes – PwDs are part and percale of the community and as any human being need to get sex they also do need and do sex. Sex is one of the natural gifts for human being both men and women PwDs need to do sex. So they share the benefit and risk of sex and sexuality. PwDs are more vulnerable to getting the risk of HIV, this is because due to their disability most of them are poor and live below the poverty line, and therefore they will be engaged in commercial sex work and other risk behavior which will expose them to the risk of getting HIV. Being HIV positive is a double burden for PwDs,

**Q2. How are you getting information about HIV/AIDS?**

We had no any means of getting information before, but recently it is better and we are getting some information during some meetings and burial activities from Iddirs, in fact it is hard for us to get information related to HIV. Due to the stigma and discrimination, people couldn't disclose their status and couldn't get any HIV/AIDS care and support services like nutritional, shelter etc... Those who disclosed can better benefit from getting information and any support from different organizations. The main reason for this is the limited effort in awareness rising activities. Much effort should be exerted to

In fact as any community groups we are sometimes hearing information through TV and radio, but nothing is done regarding designing tailored and disability specific strategies for awareness rising, care and support services provision for PwDs. When PwDs getting positive for HIV, it is hard for them to disclose their status since it is a bauble burden for them. Formerly being disabled was being highly stigmatized by the community and this mentality is still present and when PwDs become HIV positive,

they highly afraid to disclose their status. Still the attitude of the community for PwDs specifically for leprosy cases is very negative. Much has to be done on the communities' attitude towards PwDs even more than HIV/AIDS. The stigma and discrimination, the negative attitude from the community, and lack of awareness of PwDs about their human right and less attention from government and non government organizations affect PwDs accesses for HIV/AIDS related information. Disability specific strategies for different disability type for example for the deaf, blind, and physical disabilities should be designed and nothing is done so far in this regard. Even the budget and resources distribution is not even for PwDs.

**Q3. Do you think that HIV/AIDS information transmission ways to the general population are also helpful for PwDs?**

No: it doesn't work for PwDs, this is because PwDs those with sever disabilities may stay in bed and no means for such individuals to get information. For example if I stay in bed for the whole day, people who came to visit me couldn't tell me about HIV related information thinking that it is not a priority for disabled individuals.

Since most PwDs are economically poor, they usually do not stay at home and go out to seek money and food from the community. Therefore, they will not have time to get information and they themselves may not give priority for such information. Let alone to get such information, even they may not have home to stay and they may spent the night on the street, churches and outside home. There are different typed of disability deaf, blind, physical disability, and in some cases there are also double disability ( blind and deaf, disabled and HIV +ve) so all this type of disabilities are challenges to get information about HIV/AIDS. Nobody is giving them information and they are marginalized groups.

**Q4. If your answer for question 3 is no, what do you suggest to reach PwDs through HIV/AIDS related information?**

Any government and nongovernment organization should go down to the community where PwDs are living and design different strategies e.g. sign language to help them to get the information. In any HIV/AIDS program designing and budgeting, information dissemination and prevention implementation, the issue of disabilities should be taken in to consideration and they have to be also invited to participate in the designing or planning of such programs. Every NGOs and GOs should take the issues of disabilities as one key component of their program or project. Unless we help PwDs to participate in the designing of PwDs related activities, others may not know well about the issues like PwDs did.

Another important opportunity is the organization of PwDs through associations. These associations will give an opportunity to transfer information and they can also discuss about their issues. Like the other activities NGOs are doing with community groups and Iddirs, government should also work with these associations and Iddirs to address PwDs issues.

**Q5. How many of you were used different HIV/AIDS prevention and control services in different organizations?**

In fact we should not necessarily be HIV +ve to use HIV/AIDs related services. I was receiving HIV test to know my status and I didn't use any sharp materials commonly. The same thing is true for my family and if anybody did like this, it is possible to prevent HIV. Sometimes we hear HIV/AIDS related information from TV and sometimes from Iddirs. I personally got the opportunity through Iddirs since I am Iddirs leader. I even took training related to HIV. After knowing my HIV status I have tried to be model for other iddir members. I was also coordinating the community to help OVCs,

older guardians to get different care and support services through exchanging data and information with different organization. As far as I could I have tried my best to coordinate all this. Mine is special because I got all these opportunity because I was a leader, other can't get this opportunity like me. There are individuals who are far from education, information and media.

**Q6. What challenges did you faced to receive those above services?**

Being PwDs, the inconveniency of buildings, laboratories where examination is done my have stair, or the way or road may not be convenient for those who use wheelchair and walking stick. Being leprosy there may also be additional disabilities like being blind, deaf and when they go to service provision sites, they couldn't get information where to go and get the services. E.g. they couldn't read what is written, and they are also people who did not have accesses for education due to their disability. Most PwDs move from their home to other place to get treatment and stay there for long time which affects them not to get education so they couldn't even read what is written signs. Unless others tell how a PwD can get information, they couldn't get the information. In addition, the disability itself affects the individual from getting information. E.g. the place where the doctor is doing examination may not be convenient for PwD. Let us take Alert; even the toilet seats are not convenient for PwDs. All these situations create a burden and influence PwDs not to get proper services.

“Last time I do not know whether it was the sub city or other body, here around Ayertena, there was a VCT conducted using a tent or a VCT van, my daughter insisted and took me to the VCT site and when I went there, I heard enough of humiliation from the people gathered for the test. I was sweating and getting worried and this is because of my being disabled. All individuals around were those who are not disabled and they were saying that why is he coming here? I overheard them saying that why did he come here? I heard all these scandal in my village even” This is basically due to the poor

understanding of the community regarding disability. Nothing is done so far regarding disability. Policy may be designed at government level but no implementation. The other scenario is during the testing was, while attempting to get in to the testing van, one of my artificial leg got stacked by the stair of the van. No one helped me to get in to the van. Therefore we PwDs do have all these challenges.

I do have additional points that every Kebele offices are buildings with multiple stairs which create a big challenge for PwDs to attend meetings there. So, how those PwDs having multiple disabilities and who use wheelchair can attend meetings there? No elevator or any other means to go up even to share other social issues. When walk upstairs and downstairs with lots of trouble. Totally the issue of disability is not considered. Even when we see the construction of condos in Addis the issues of PwDs is not totally considered and it seems that PwDs do not deserve getting of these houses. Even the designers didn't consider the issue of disability and didn't put themselves in the shoe of PwDs. All these show that not only in HIV related issues but also in all developmental activities, the issues of disability should be considered.

**Q7. What solutions were sought by the organization or yourself for the above challenges?**

As we already have establish an association, we are trying our best to raise the issue and magnifying the problem in different occasions like during meetings, and our annual disability day in all regions even out of Addis. We are trying to show the issue for GOs and different sectors to work on the issue. In any circumstances, we are trying to explain the problem to woredas and they are trying to address the issues. The PwDs's right convention ratification by the government and the civil services code of conduct in relation to PwDs right of employment are a good start. The action taken from the government towards PwDs in relation to the current development agenda is vital. The current leaders, different NGOs are exerting good effort on disability. The effort of the government to decentralize the health care services at kebele level is also a good start. Even though it is difficult the deep-rooted

negative attitude of the community towards PwDs, the current effort of the government is good. Even the trials through associations to change the mentality of the community regarding disability are good and we ourselves need to get involved to bring the change. Specially is we are invited to participate in any developmental activities, we can contribute to our country. Generally speaking things are relatively getting better now compared to the previous worst circumstances. Even your study focusing on PwDs issues, indicates that attention is given to PwDs.

**Q8. What do you think are the major challenges in making HIV/AIDS prevention and control project services PwDs inclusive?**

PwDs are not considered to have sexual feelings. As a human being PwDs are also in need of sex and can get in to risk of getting HIV. PwDs considered as persons who confined to home and do not practice sex. But PwDs in reality PwDs practices sex and move anywhere which creates possible risk of getting HIV. From policy point of view, the issue of PwDs is an emerging agenda. So far the existence of PwDs has been denied. Nobody recognized as. While nongovernmental organization working on addressing preventive, care and support services only for the general population, they didn't even consider the existence of PwDs. Before, nobody was visiting a place where PwDs was living. But now a day along with the existence of the policy, people are living together with PwDs. The stigma is getting reduced than before.

“One woman told us a story that one PwD women with her child was begging and other people got surprised and asked her, in how many months did you gave birth? She replied that I gave birth at 7 months” this is because she considered herself unique humiliate as if she couldn't gave birth at nine months. This is to disgrace PwDs and thinking as if they couldn't do what other do.

One main reason is lack of attention for PwDs; the second reason is due to the misconception of the community towards PwDs, disability is considered a hereditary problem, disability is punishment from God, disability is not cure bale, and considering that PwDs are not part of the community and areas where PwDs are living is also stigmatized and even in any form of disability there is misconception. Absence of policy, when health, education and social issues policies are designed, the issues of PwDs are neglected, considering that PwDs participation is not important. For example once a disabled person is received support specific to his/her disability, neglecting his/her other needs like social needs.

**Q9. If you were a service provider organization head, what you would do to make the services PwDs inclusive?**

Since I crossed the practical problem, I will give priority for PwDs. I will also try to create comfortable situations for PwDs. Being disabled is not being unable to do. Possible to be functional with the healthy part of the body, Be PwDs or not everybody is equal naturally and this should be taken in to consideration and we should be convince ourselves to treat everybody equally. So I have to understand this and help PwDs to be engaged in any duties they can manage. First of all PwDs are human beings, I have to be convinced that they have to get what they deserve. In any of the activities we are doing, PwDs should be taken in to account. We have to also see what they need specific to their disabilities. We have to ask ourselves what blind people need, what deaf, and physically disabled people need. After we study all these, we have to be convinced that they should get all they need. As part of the community, they need special support. Should be supported by budget and in any activities their issues should be considered. But first of all we have to admit that PwDs are human beings and can contribute as anybody does. I also strive to incorporate the issues of PwDs in policies.



## **10. Any additional comment or suggestion?**

In fact this study will contribute for policy makers when the education policy is designed it will be a good input to design policies which will help addressing PwDs problems.

## **IN-DEPTH INTERVIEW DATA TRANSCRIPTION**

### **1. HIWOT HIV/AIDS PREVENTION, CARE AND SUPPORT ORGANIZATION/HAPCSO**

1. Name of the interviewee\_ Ato Tadiwos Girma
2. Name of the organization – Hiwot HIV/AIDS Prevention Care and Support Association
3. Address - Addis Ababa
  - ◇ P.O. Box - 70818
  - ◇ E- Mail – [hapcso@ethione.et](mailto:hapcso@ethione.et)
  - ◇ Phone number office/personal - 0113203315
4. Status of the organization - National/local
5. Where is your catchment area? In all 10 sub cities in Addis Ababa
6. Who are your organization project services beneficiaries?
  - ◇ HIV prevention
  - ◇ Care and support for PLHI and OVC
  - ◇ Community capacity building

7. Total number of individuals or families served by sex?

- ◇ 9282PLHA and 8647OVC and 200CSW direct beneficiaries and their families and communities are indirect beneficiaries of the organization.

8. What HIV/AIDS prevention and control project services are provided by your organization?

- ◇ **Prevention;** Mass sensitization, child to child awareness rising using scout clubs, awareness rising activities about HIV/AIDS basics through coffee ceremony, condom promotion and distribution, demonstration and distribution, STI treatment since individuals with STI are highly vulnerable for HIV, we helped them to get treated,
- ◇ **Care and support;** Many activities are being done regarding care and support including, OVCs and PLHA. For example to lists some of the services given to PLHAs Home based nursing care, giving home based care for those sick individuals, Nutritional support, material support, Psychosocial support, ART adherence counseling, referral for different services like RH, FP, PMTCT, OI treatment and the other support is Economic strengthening related trainings for example entrepreneurship skill training, Basic business skill training, Organizing them in to groups which is called community based self saving group, helping them to save and giving loan, and follow up of these groups of women is also done by the organization.
- ◇ **Community capacity building;** Different types of trainings are provided to Iddirs and FBOs to build their organizational and technical capacities for example leadership, community mobilization etc. Some material to furnish their offices was also provided.

9. Does your organization strategic plan document and project services PwDs inclusive? No

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? Very negligible 6 – 10 PwDs

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing?  
Some physical disabilities

12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? No we do not have specific strategies to reach these small number of beneficiaries with disabilities

13. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? No strategies

14. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? NA

15. What were the solutions your organization sought for the above challenges? NA

16. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive? Our main focus we have signed with our donors is HIV/AIDS, not disability related. Even though we got some persons with disabilities, we do not have staffs trained on special needs of disabled individuals.

17. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program? Fund constraint, self stigma and stigma by others associated with disabilities and even awareness of services providers themselves towards disabilities.

18. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program? I think it is mandatory for all NGOs to include disabled community as they are very much vulnerable for the risk of getting HIV.

19. Additional comments or suggestions; AM very much happy to see such studies are coming in to existence to reflect the issues of neglected and marginalized group of communities.

## **2. SAVE YOUR GENERATION**

1. Name of the interviewee – Ato Kefyaelw
2. Name of the organization - Save Your Generation
3. Address – Addis Ababa Yeka sub city Kebele 8/15

◇ Tell - 0116463448

4. Status of the organization - Local NGO
5. Target areas - Different regions (Amhara Addis Ababa Oromia and SNNPR)

◇ Addis Ababa one project runs in eight sub cities on taxi drivers, and schools 4 sub cities almost we include in all sub cities.

6. Who are your organization project services beneficiaries? Program beneficiaries in Addis Ababa are taxi communities that include drivers, conductors and site coordinators (Tera askebarioch) including out of school youths,
7. Total number of individuals or families served by sex? – 5000 taxi communities, 11500 students and 2000-3000 out of schools.

8. Type of services –

- HIV and SRH education focused on prevention how to prevent themselves and live quality of life, we organized youth focused discussions on HIV/AIDS, sexual and reproductive health
- HIV services—information in different ways by developing tailored IEC BCC materials produced in the organization like news paper, leaflets, stickers, posters, different trainings peer education in addition to this radio message. Reproductive activities participatory entertainment education through our volunteer youth clubs, and message development that focused on the target populations. Youth dialogue is another strategy
- Other reproductive health services- linkage of services to other organization

9. Does your organization strategic plan document and project services PwDs inclusive?

One of the values of save your generation is involving youths as a whole without any discrimination of disabilities, females or males, ethnicity, clan and others all are can get information equally but we have no activities that are focused on Disabilities. In the taxi community project they are not involved due to the nature of the activity, if they are there we can engaged in the service. For example in the school activities there are disabilities they are involved and addressed by the service

We are revising our strategic planning to incorporate disabilities in each service but previously we have no policy that involves these disabilities. In the recent we will create partners with other two organizations which are giving the service for disabilities. We will discuss on the current issues of disabilities and how to solve it in the future and debrief to our organization staffs how to involve this target groups in to our services.

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? – In Addis Ababa University from the target groups up to 2 – 3 hundred from 20,000 students are disabilities in different mechanisms it is almost 10%. It is similar to national figure as far as possible we will design to address these target communities.

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing – Visual, hearing impairment and, other physical disabilities,

12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? For disabilities we didn't use the strategy that used for the general population therefore we discussed with the target beneficiaries how to design tailored services for them. For example for visual disabilities we discussed with them how to get the information to them, in Addis Ababa university there is an institution that focused on disability we will discussed with them how to design the strategies like provision of records and developing brail materials. Specifically we will not design these activities in our organization but if we plan to deliver training we will discussed with them.

13. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? From the beginning our plan is providing services for youths in general like taxi communities, university schools but during in the implementation we are addressing them by discussing with them like brail writing. From that we have no of professionals who have special skills on disability, lack of networking with organization working in disability, unable of delivering information to them timely.

14. What were the solutions your organization sought for the above challenges –

15. What were the solutions your organization sought for the above challenges? Previously, no. Currently we understand the problem and tried to incorporate in to our strategy and networked with other organization working on disabilities to share knowledge and experience to deliver activities for them. May be the overlook of services due to – we generalized the target group not specifically disabilities and we think that they can access from other organizations.

16. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program - no

17. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program? In each activity we have to focus the need of disabilities from the beginning designing tailored programs to address their need. The second, mainstreaming in each program as gender program if we do this we can address them. In addition to developing policy, there should be strategy to address the need of these disabilities- we planned activities that focused this target groups

18. Additional comments or suggestions – no

### **3. KEY INFORMANT INTERVIEW FROM ORGANIZATION FOR INTELLECTUAL DISABILITIES**

1. Are Intellectual disabilities are vulnerable to HIV/AIDS rather than general communities?

Yes indeed the first their awareness is very low, the attitude of the community towards their vulnerability is very low they perceived that they are not vulnerable to the disease. The family attitude towards them are very low in addition to this they are abused in different areas, the perpetrators perceived that they will not disclosed to their families. Due to this reasons they are more vulnerable to HIV than the general communities.

2. When you deliver different service to this target groups did you provide HIV information to them?

We were one HIV program in our organization but not done effectively. They need small special manual and teaching methodologies. We delivered two rounds awareness creation service for them and their families but it is not sufficient for the general community the information is disseminated sufficiently but in this target group it is a trail.

3. Do you think IEC/BCC materials used to the general communities are suitable to these target groups?

They are not suitable for them. For the general community there are different methods like TV and radio dramas, leaflets, scriptures, sayings all this are not suitable for them because these target groups need special teaching methodologies.

4. What do you mean special material should be prepared for them? for example pictures, video, practical on the other we have teach repeatedly, or using questions or divide the sessions in to more detail and small pieces

5. In this organization is there any HIV related care and support services rather than awareness creation?



Even though we know there are services like accessing VCT and knowing their result, after provision of that awareness we didn't go further activities. It is difficult to ask their sero status and there is no further care and support for them and therefore we taught that we may affect their psychology. They need care and support but there is no organization which support this services. But there is a big gap in this area. in our setting there is one lady raped by somebody she told as she is screened but her families were not disclosed her status due to this she discriminated herself and sit down lonely in addition to this her appetite became very low and she lost her weight every day we are very afraid she may die without any intervention it is very touchy these are activities that we should be done unfortunately we didn't.

#### 4. PRO - PRIDE

1. Name of the interviewee – Ato Gezahegne - Mesalemia area program manager
2. Name of the organization – Pro - pride
3. Address
  - Email- [propride@ethionet.et](mailto:propride@ethionet.et)
  - Keble 06/7 Woreda -3
  - Tell 0112132661
  - Po Box 14097 Fax 01155544453
4. Status of the organization – LNGO
5. Catchment area- Addis ketema Sub City Woreda 8, 4, and 3
6. Who are your organization project services beneficiaries? PLHAs and OVCs due to HIV
7. Total number of individuals or families served by sex? 1370 OVCs and 260 PLHAs majority are females.
8. What HIV/AIDS prevention and control project services are provided by your organization?

The services that are delivered to these target groups are different for PLHIV previously we delivered home based care services that includes different components at that time there are a lot of peoples at bed ridden after ART service the number of bed ridden patients are reduced and we are shifting our strategy to economic empowerment because they are ambulated. We discussed to the local government representatives and select the target beneficiaries based on their prior problem. After selection we provide basic business skill to develop their business plan based on

their interest we delivered different business generating materials based on their need finally they will run their own business and cover their livelihood. Regarding to OVCs we are working with local social organization “Iddirs” in the target area there are a lot of Iddirs inclined with development activities. We assessed their capacities after that we are supported them in different areas like leadership related to OVCs. After the training they identified OVCs those who are not supported by other organizations, setting criteria’s and develop as a sort of proposal for our organization the proposal includes the number of OVCs type of services delivered to them based on their proposal we reached with an agreement which focuses on the responsibility of each organization. Based on the proposal and our capacity we give a sort of budget as a grant. By this grant they support the OVCs based on their need like educational material support, food support, and psychosocial support. Through them 1330 OVCs are during 2010. If the project is phased out this Iddirs will support the OVCs in a sustainable manner because they have rode based membership

9. Does your organization strategic plan document and project services PwDs inclusive? No

We don’t want to lie. But this HIV program is supported by concern Ethiopia we are discussed on this issue based on that through concern there is a study focused on them that study we planned to mainstream disability in our programs but there was a budget cut and those activities were also cancelled or reduced. Especially as the study indicated that individuals who has hearing impairment can’t access HIV related information. Sometimes disability associations approached us but we tried to support based on their request but as a program we didn’t carry out this activity.

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities?

I don't know the exact number but there is a disability association who are a need of training for their members specially focused on translation on different trainings and we delivered IEC/BCC materials but we didn't know the exact number.

In what way you support IEC/BCC materials – hard copies leaflets, News papers, magazines published for the general communities. They will use those materials through translation but they are not tailored for them

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing?  
No clearly known
12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? No we do not have.
13. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? NA
14. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? N/A
15. What were the solutions your organization sought for the above challenges? N/A
16. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive?

When we see this scenario at national level the attention was not as such strong when we take in the education sector, Visual disabilities get more opportunity than other types of disabilities other groups are not give due emphasis they are marginalized community members that may dominate it but there are organization working on them exclusively all developmental organizations should focused in this area there number is very high. From the total population 10 % of them are disabilities – one surprising thing is there was a sport festival concentrated on them in some extent we were participated

in that program. Even though they are marginalized I think we have to incorporate them in the programs

17. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program?

Even though there are different kinds of disabilities the attitude of the community is very low, they perceived as it is come from supernatural power, even though the problem may happen with other individuals they are discriminated from the population by different reasons, this will hinder the magnitude of the problem and its action

18. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program?

Depending on their disabilities for those hearing disabilities they need written materials and for visual impairments they need brail materials. They are in difficulties, especially loss hearing disabilities they didn't get information from our Medias and they lack information and vulnerable to HIV some of them are raped and abused by others. The materials are not tailored and effective to them it should be designed based on their problem

19. Additional comments or suggestions

The first thing is there are a lot of good policies are designed but they are on the shelf only we have to sensitized and an distribute them, at any developmental program at different levels NGO,GO we have to ensure that the disability issue should be insured, like school libraries, Iddirs and CBOs, the second is we have to organize forums on this issue,

## **5. Mekdim Ethiopia National Association**

1. Name of the interviewee –
2. Name of the organization - Mekdim Ethiopia National Association
3. Address
  - Addis Ababa Arada Sub city Woreda 13/14
  - Tell 0111228843/4
  - P.O. Box - 31218
4. Status of the organization – Local NGO
5. Where is your catchment area? 10 sub cities in Addis Ababa and Oromia and Amhara regions
6. Who are your organization project services beneficiaries? PLHIVS and OVCs
7. Total number of individuals or families served by sex? 7500 including their families
8. What HIV/AIDS prevention and control project services are provided by your organization?

There are a lot programs counseling VCT, home based care, social support, education center based on their test result we support to live positively since. Now we are focused on economic empowerment majority of the beneficiaries have economic problem we organized more than 10 people and facilitated to income generating activities based on the government policy and strategy. If they have their own production place we give interest less loan as seed money to initiate their business activity. For OVCs we tried to provide education materials and send to school to get educational opportunity in addition to this we link with sponsorship organizations to support sustainably because there is no direct support.
9. Does your organization strategic plan document and project services PwDs inclusive?

Our organization is worked in HIV program they have the right to serve in the program as a general population but there is no special program which focused on disabilities.

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? No more than 15

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing? Visual and hearing as well as physical disability

12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs?

As we know this organization is established by HIV positives people, therefore the programs are focused on HIV activities serving the general population

13. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? No special strategies for these hearing and visual disability. Sometimes we prioritize them at school enrollment. There are some disabled individuals who take loan to run their business activities in that activity there is no significant problem.

14. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs?

Yes, one problem we have hearing and visual disabled peoples we are in difficulties to provide information they didn't understand the information to solve this problem we communicate with disability associations to get communication skill training but they are not respond to us. Some time there are disabled populations who didn't follow our tongue movement they didn't understand us and lacks information. But their number is small we are overlooked their services

15. What were the solutions your organization sought for the above challenges? Non

16. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive?

As I have mentioned above, the main objective of the organization is to address HIV/AIDS problem as organized by HIV positive individuals. Above all the problem is huge to address and due to their awareness level and negative attitude from the community towards PwDs, PwDs themselves didn't advocate about their problem. It is recently that the issues of PwDs coming in to attention.

17. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program? Community and NGOs attitude towards disabled individual's problem.

18. What is your general comment to integrate disabilities mainstreaming with other programs- it is better to integrate the service with disability activities because there are populations perceived that disabled populations are free from HIV and are risk even when they come to the health facilities they didn't get tailored services, previously we are focused on HIV prevention care and support now we are working on PMTCT like this we have to mainstream disability activities with in every programs and organizations. There are a lot of disabilities who needs educational support especially in the rural part of Ethiopia. So we have to integrate among organizations and at least one professional should be communicate with them and understand their problems. In addition to this they have to be prioritized them



**6. ABEBECH GOBENA YEHITSANATNA LIJOCH ENKIBIKABE LIMAT DIRIJIT / AGOHELMA**

1. Name of the interviewee
2. Name of the Organization - Abebech Gobena Yehitsanatna Lijoch Enkibikabe Limat Dirijit / AGOHELMA
3. Address -
  - Arada sub city - Woreda 3 House No 76
  - Email [agolema@ethionet.et](mailto:agolema@ethionet.et)
  - Tell 0111553622
  - Po box 24998
4. Status of the organization - Local NGO
5. Where is your catchment area? 10 Sub cities of Addis Ababa and North and Western Shoa
6. Who are your organization project services beneficiaries? PLHA, OVCs, youth and Women
7. Total number of individuals or families served by sex? 337,496
8. What HIV/AIDS prevention and control project services are provided by your organization?

Currently we have 17 projects like HIV, women empowerment, TVET, education SRH

Detail services- awareness creation care and support of OVCs and PLHAs Health facility care, VCT services, PMTCT, income generation self help group poverty reduction on village saving and credit services they can loan from them and participate in income generating activities in group or individual in addition to this we deliver trainings on characteristics of group and advocacy and income generating activities we have facilitators based on their follow up they will stay until one month. At the beginning we give materials like saving box, registration book after they continue

themselves. This activity is almost integrated in all projects like PLHIVs involved in care and support program we gave income generating activities training and startup capital

9. Does your organization strategic plan document and project services PwDs inclusive?

No still now we didn't begin the services. If they came in the projects they are served as a general population but there is no special service for them.

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? Very few in number they are less than 10

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing?

Visual problems

12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? No specific strategies

13. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? NA

14. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? NA

15. What were the solutions your organization sought for the above challenges? NA

16. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive?

It is not supported by studies and even in Addis Ababa city Administration HIV prevention and control office they themselves didn't consider this issue, other organizations are following their directions and strategies. The other thing is it needs special service and additional resources like trained professionals. These may be the reasons.

17. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program?

As I said the need to have special programs and professionals to reach these group of community and the construction of the facility didn't also considered their services.

18. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program?

The government and other organization should focused on this issues they are also more vulnerable to HIV because they usually violated in and out of their residence. The perpetrators may think that the violence is not disclosed to other people.

19. Additional comments or suggestions?

The topic is very essential and needs other concern to provide the service or mainstream in each program areas

## 7. RESCUE THE CHILDREN

1. Name of the interviewee
2. Name of the Organization – Rescue the Children
3. Address -
  - Addis Ababa, Lideta Sub City Kebele 02/03 Near China Embassy
  - Email – [rescuethchildren@yahoo.com](mailto:rescuethchildren@yahoo.com)
1. Status of the organization - Ethiopian Residence Charity Association
2. Where is your catchment area? Lideta Sub City, Woreda 1, 2 and Kolife Sub city Woreda 9
3. Who are your organization project services beneficiaries? Children, AIDS Orphans, and Women
4. Total number of individuals or families served by sex? 700 direct and 2 – 3000 indirect beneficiaries
5. What HIV/AIDS prevention and control project services are provided by your organization?

Care and support which mainly include

- Nutritional support
  - Home and community based care
  - Income generating activities
  - ART adherence counseling
6. Does your organization strategic plan document and project services PwDs inclusive?

Yes the issues of disability is considered in our project

7. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? Very few in number they are 10 or less
8. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing?

Some physical disabilities due to congenital problem

9. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? No we do not have specific strategies for these disabled beneficiaries. We do have volunteer care providers who trained on ECD care package which includes physiotherapy, reproductive health, HIV, and nutrition who give comprehensive care for project beneficiaries.

10. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? NA

11. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? NA

12. What were the solutions your organization sought for the above challenges? NA

13. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive? Lack of funding, and trained human resources to respond for this special need.

14. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program?

The perception from community, families, disabled individuals them selves about the needs and services to be given for these group of community. Awareness about the problem is also an other reason.

15. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program? Individuals, families, government and disabled community them selves should work on considering the issue at all level not only in HIV/AIDS programs but also in any services.

Individuals, families

16. Additional comments or suggestions? Good also to involve disabled individuals them selves in any program preparation.

## **8. PRO – POOR**

1. Name of the interviewee - Ato Geberyesus – Director
2. Name of the Organization – Pro - Poor
3. Address -
  - Addis Ababa, Lideta Sub City Kebele 12
  - Email – [eyesus2006@yahoo.com](mailto:eyesus2006@yahoo.com)
  - Tell - 0911 618426
  - PO. BOX - 50300
4. Status of the organization - Local NGO
5. Where is your catchment area? Addis Ababa, Benishangul Gumuz and Western Oromia
6. Who are your organization project services beneficiaries? Minorities ( PLHAs, OVCs, Destitute mothers , PwDs)
7. Total number of individuals or families served by sex? 500OVC, 161PLHAs and 280Mothers
8. What HIV/AIDS prevention and control project services are provided by your organization?

### **OVC comprehensive services**

- Nutritional support
- Education
- Medical
- Follow up using volunteer care giver specially on their educational performance

### **PLHAs**

- Home based care for bed ridden patients - Washing their body, clothes, prepare food for those dependent

- For those who can work, training is given to engage them in to IGA, There is also community resolving fund where saving and cooperative group were formed, a bank account was opened and 160,000ETB was deposited for the group. The group manages them selves and their capital; they do have their own bylaw and general assembly. Accordingly each group members took loan and work. Finally they refund the loan to their association with a reasonable interest. Before they go to work, they took food support to restore their health status, counseling on ART and positive living. How they can live harmoniously with the virus. After passing these stages they will go to group work.

#### Mothers

- Livelihood promotion , they do have double burden due to their being female and their life status, when they lead a family, they will also have double burden. The attitude from the community towards these types of community group is also a burden. Women headed households are also many in number having many dependent children. We identify them using wealth ranking by working together with Kebele administration. After selecting them using some selection criteria, we provide them a training called business planning, after this training; some organization will give them a start up capital to these women. Capacities and experience of each woman being taken in to account to see how much many they can manage. When we get donor we gave them loan taking their capacities into consideration. We also link these women with local micro finance institutions in the Kebele to get loan. Besides this we also engage them in urban agriculture to use their compound and even with pots to plant different vegetables

which will be use for daily food consumption and to create job for mothers and also keep the environment hygienic.

9. Does your organization strategic plan document and project services PwDs inclusive?

PwDs are minorities, which usually stigmatized by the community. So we have targeted them in our project. When we come to the practical situation, they are not benefited from our project. These is not because that we discriminate them but may be due to absence of disabled child in our community, that families didn't disclose the status of their disabled child, we couldn't identify them. This means even though we consciously tried to include them in our project, the reasons for them not to be identified should be studied. Is it really the absence of disabled individuals in the community? It really needs study. The other issues are there are disabled group of people who are surveyors of war who organized them selves in to disability Association. We went to this group, and helped them to be engaged in urban agriculture. We provided them some tools and drip irrigation kit.

10. If your answer for question 9 is yes, what % of your total beneficiaries are persons with disabilities? Very minimal

11. If your answer for question 9 is yes, what types of disabilities that PwDs beneficiaries are facing?

Physical disabilities

12. If your answer for question 9 is yes, does your organization have specific strategies to provide HIV/AIDS prevention and control services to PwDs? No specific strategies due to budget constraint. We have developed a proposal on this specific case, we couldn't get response from donors

13. If your answer for question 12 is yes, what are the specific strategies used to address the HIV/AIDS prevention and control services for PwDs? NA

14. If your answer for question 9 is yes, what were the challenges in providing HIV/AIDS prevention and control services for PwDs? The challenge we have faced was from the donor side, the fund we



have used to support the 40 disabled individuals were given us to reach mothers and children. So we couldn't get permissions to use the fund for disability.

15. What were the solutions your organization sought for the above challenges? NA

16. If your answer for question 9 is no, what are the main reasons for your organization not to make your HIV/AIDS prevention and control project services PwDs inclusive? Lack of funding

17. What other factors do you think are affecting inclusion of person with disabilities in HIV/AIDS prevention and control program?

Lack of awareness of human right by the community and the PwDs themselves, inconveniency of offices and infrastructure, attention from the government should also be taken and the ratified convention should be implemented at the grass root or community level. The implementation strategies for the convention should be designed. Families' attitude towards PwDs is also another factor through hiding disabled child at home.

18. What way forward do you have regarding inclusion of PwDs in HIV/AIDS prevention and control program?

The emerging of this type of study is good and believed to be contributing to respond for the problem. Those individuals who did study on this issue should share their findings and recommendation to other organizations for actions, development of proposals and used as a base line information. Those who are interested organization will use the finding from this study and work on it.

19. Additional comments or suggestions?

Even though you to the initiative, it is ours and all others problem which we have to respond.